# P19000023482

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Presicion Cleaning Sulutions of Flonda Inc DOCUMENT NUMBER: P1900023482
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shaniqua Peters  Name of Contact Person  Precision Cleaning Solution of Fluxida INC  Firm/ Company  1513 Meride   Ave  Address  TAMPA, FL 33612  City/ State and Zip Code  Pesinfola Quahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shanc of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed)

#### Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

#### PRESICION CLEANING SOLUTIONS OF FLORIDA INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)
DIANNOD 23 (18)	7
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Precision Clanina So	lutions of Floridary
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
D. Control of an address of applicables	NIA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10 11
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NIA : 3
	2
D. If amending the registered agent and/or registered office add	<u> </u>
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent A	
l	
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	Registered Agent, if changing
Signate of new r	regioneres rigeni, ij ununging

### If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NIA	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			<u></u>
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Parraya			

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F Ifan am	andment arevides fe	or an exchange, recla	reification or co	noullation of iceus	ad abovos	
provisio	ons for implementing	the amendment if r				
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The date of each amendment(s) adoption: $\frac{3/25/19}{}$ , if other than the
ate this document was signed.
ffective date if applicable: 3 25 19 (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
doption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3 25 19
Signature
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Shaniqua D. Peters
(Typed or printed name of person signing)
President
(Title of person signing)